

00-R-1029

Entered 11-19-99-sb
CL 99L0772 - GWENDOLYN BURNS

CLAIM OF: KATHERINE EVANS
2379 Jones Road, NW
Atlanta, Georgia 30318

For personal injuries alleged to have been sustained
as a result of a slip and fall on or about April 26, 1999,
at Peachtree Street and Mitchell Street, SW.

THIS ADVERSED REPORT IS
APPROVED BY:

Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

ADVERSED REPORT

ADVERSED BY JUL 17 2000
CITY COUNCIL

COM. P. 5.11.1

DATE 7/11/00

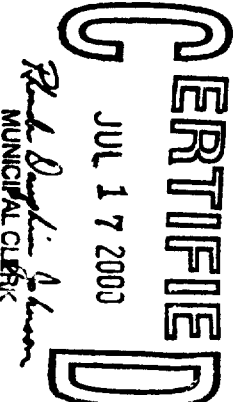
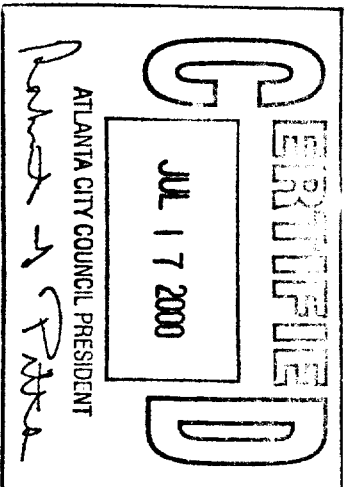
CHM C. T. Martin

C. T. Martin

William D. Harty

William D. Harty

William D. Harty





OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6033
FAX (404) 658-6103

July 28, 2000

Katherine Evans
2379 Jones Rd., NW
Atlanta, GA 30318

00-R-1029

Dear Ms. Evans:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on July 17, 2000. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the City Attorney's Office/Claims Division at (404) 330-6400.

Sincerely,

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0772

Date: June 28, 2000

Claimant /Victim KATHERINE EVANS
BY: (Atty) (Ins. Co.) _____
Address: 2379 Jones Road, NW, Atlanta, Georgia 30318
Subrogation: _____ Claim for damages \$ _____ Bodily Injury \$ 11,483.01
Date of Notice: 11/15/99 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) _____
Date of Occurrence 4/26/99 Place: Peachtree Street & Mitchell Street, SW
Department PUBLIC WORKS Division _____ Street _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that she sustained bodily injury when she stepped off the curb and fell at the above location. However, the claim as presented does not comply with the requirements of notice as set forth in O.C.G.A. §36-33-5 as the six month statute of limitations expired prior to receipt of the claim.

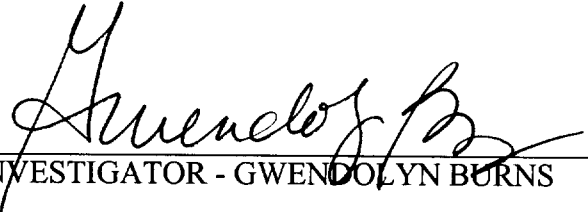
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures X Diagrams _____ Reports: Police _____ Dept Report _____ Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

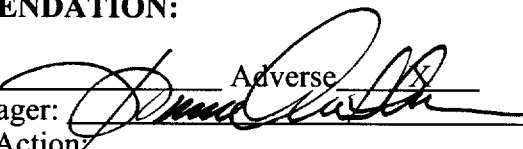
BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial X
Improper Notice _____ More than Six Months X Other _____ Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 06-29-00
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 4 26 / 99

ENTERED - 11-19-99 - SB
99L0772 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ property and/or \$ 12,125.08 bodily injury for which I contend the City is liable.

1. Date of incident: 4 26 99 2. Time of Incident: 1030 3. Police called: Yes
(month/day/year) Yes No

4. Location of incident (including street address): Pinehurst St. & Mitchell St. S.W.

5. Name of your insurance company: Blue Cross Blue Shield Policy No. _____

6. State what and how incident occurred: I fell at the cross walk I was in surgery the day

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

Katherine Evans
Signature of Claimant

Katherine EVANS
(Print Claimant's Name)

2379 Jones Rd NW
(Address)

Atlanta GA 30318
(City, State and Zip Code)

404-696-0551
(Work Number) (Home Number)

00-R-1029